

PTO/SB/07 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

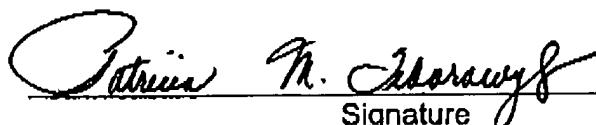
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Patricia M. Fedorowycz

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Mail Stop: PETITION

ATTACHED: - FEE SHEET (PTO/SB/17), in duplicate;
- PETITION TO REVIVE (PTO/SB/64), 2 sheets, in duplicate; and
- ISSUE FEE PAYMENT (PTOL-85), in duplicate.

CUSTOMER NO.: 24498
Serial No.: 10/511,560
Docket No.: PU020131
Art Unit: 2144
Examiner: Thanh T. Nguyen

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 9

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** \$3360.00

Complete if Known	
Application Number	10/511,560
Filing Date	October 15, 2004
First Named Inventor	Keith Robert Broerman
Examiner Name	Thanh T. Nguyen
Art Unit	2144
Attorney Docket No.	PU020131

METHOD OF PAYMENT (check all that apply)		CUSTOMER NUMBER: 24498
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>07-0832</u>		Deposit Account Name: <u>THOMSON LICENSING LLC</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims**Extra Claims****Fee (\$)** **Fee Paid (\$)**

$$- 20 \text{ or HP} = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims**Fee (\$)** **Fee Paid (\$)****Independent Claims****Extra Claims****Fee (\$)** **Fee Paid (\$)**

$$- 3 \text{ or HP} = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

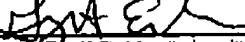
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEES FOR PETITION TO REVIVE UNINTENTIONAL:** \$1620.00**ISSUE FEE PAYMENT:** \$1740.00**Fees Paid (\$)****\$3360.00****SUBMITTED BY**

Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature					February 24, 2009

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the party which is to file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be directed to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DATES: SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

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P-03
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PTO/SB/17 (01/08)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$3360.00

Complete if Known

Application Number	10/511,560
Filing Date	October 15, 2004
First Named Inventor	Keith Robert Broerman
Examiner Name	Thanh T. Nguyen
Art Unit	2144
Attorney Docket No.	PU02D131

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of Credit any overpayments
fee(s) under 37 CFR 1.16 and 1.17

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Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50

25

200

100

380

180

Multiple dependent claims

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____ / 50 = _____	(round up to a whole number) x _____	_____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

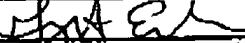
Other (e.g., late filing surcharge): FEE FOR PETITION TO REVIVE UNINTENTIONAL: \$1620.00

ISSUE FEE PAYMENT: \$1740.00

Fees Paid (\$)

\$3360.00

SUBMITTED BY

Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature					February 24, 2009

This collection of information is required by 37 CFR 1.156. The information is required to obtain or retain a benefit by the public which is to file (or by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and maintaining the collection of information. Time will vary depending upon the individual case. Any comments on the amount of time, burden, or any other aspect of this collection of information should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1490, Alexandria, VA 22313-1490. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.